

Active Employees: 2016 – 2017

Cost Of City Of Atlanta Benefits Coverage

The charts below show the bi-weekly contribution rates for the various benefit plans, effective during the September 1, 2016 - August 31, 2017 coverage period.

Medical Plans

	Blue Cross Blue Shield HDHP		Blue Cross Blue Shield POS	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$67.84	\$158.29	81.53	190.24
Employee + Child(ren)	\$118.82	\$277.24	142.80	333.21
Employee + Spouse/Domestic Partner	\$169.79	\$396.19	204.07	476.17
Employee + Family	\$224.19	\$523.13	269.46	628.73

	Kaiser HDHP		Kaiser HMO	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$59.79	\$139.51	\$71.79	\$167.51
Employee + Child(ren)	\$104.62	\$244.12	\$125.62	\$293.12
Employee + Spouse/Domestic Partner	\$149.46	\$348.75	\$179.46	\$418.75
Employee + Family	\$197.29	\$460.35	\$236.90	\$552.75

Dental Plans

	BCBS Dental High Option		BCBS Dental Low Option	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$3.62	\$8.46	\$3.37	\$7.87
Employee + Child(ren)	\$7.67	\$17.91	\$6.52	\$15.21
Employee + Spouse/Domestic Partner	\$7.40	\$17.27	\$6.86	\$16.00
Employee + Family	\$12.14	\$28.33	\$10.36	\$24.16

	Delta Dental DHMO	
Bi-Weekly Rates	Your Cost	City Cost
Employee Only	\$1.33	\$3.10
Employee + Child(ren)	\$2.41	\$5.63
Employee + Spouse/Domestic Partner	\$2.64	\$6.16
Employee + Family	\$4.09	\$9.55

Vision Plan

UnitedHealthcare Vision		
Bi-Weekly Rates	Your Cost	City Cost
Employee Only	\$1.70	\$0
Employee + Child(ren)	\$3.74	\$0
Employee + Spouse/Domestic Partner	\$3.56	\$0
Employee + Family	\$4.81	\$0

Life Insurance

Minnesota Life Insurance	
Bi-Weekly Rates	Rates per \$1,000 of Coverage
Basic Life – Active Employees	\$0.080
Basic AD&D	\$0.020
Additional Life	\$0.440
Dependent Life (Spouse)*	\$4.000
Dependent Life (Child)*	\$1.190

*\$5,000 maximum coverage

Life Insurance Rate Schedule-Monthly

Annual Salary	Life Benefit	AD&D Benefit	You Pay	Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$13,000	\$13,000	\$13,000	6.03	\$37,000	\$37,000	\$37,000	17.17
\$14,000	\$14,000	\$14,000	6.50	\$38,000	\$38,000	\$38,000	17.63
\$15,000	\$15,000	\$15,000	6.96	\$39,000	\$39,000	\$39,000	18.10
\$16,000	\$16,000	\$16,000	7.42	\$40,000	\$40,000	\$40,000	18.56
\$17,000	\$17,000	\$17,000	7.89	\$41,000	\$41,000	\$41,000	19.02
\$18,000	\$18,000	\$18,000	8.35	\$42,000	\$42,000	\$42,000	19.49
\$19,000	\$19,000	\$19,000	8.82	\$43,000	\$43,000	\$43,000	19.95
\$20,000	\$20,000	\$20,000	9.28	\$44,000	\$44,000	\$44,000	20.42
\$21,000	\$21,000	\$21,000	9.74	\$45,000	\$45,000	\$45,000	20.88
\$22,000	\$22,000	\$22,000	10.21	\$46,000	\$46,000	\$46,000	21.34
\$23,000	\$23,000	\$23,000	10.67	\$47,000	\$47,000	\$47,000	21.81
\$24,000	\$24,000	\$24,000	11.14	\$48,000	\$48,000	\$48,000	22.27
\$25,000	\$25,000	\$25,000	11.60	\$49,000	\$49,000	\$49,000	22.74
\$26,000	\$26,000	\$26,000	12.06	\$50,000	\$50,000	\$50,000	23.20
\$27,000	\$27,000	\$27,000	12.53	\$51,000	\$51,000	\$51,000	23.66
\$28,000	\$28,000	\$28,000	12.99	\$52,000	\$52,000	\$52,000	24.13
\$29,000	\$29,000	\$29,000	13.46	\$53,000	\$53,000	\$53,000	24.59
\$30,000	\$30,000	\$30,000	13.92	\$54,000	\$54,000	\$54,000	25.06
\$31,000	\$31,000	\$31,000	14.38	\$55,000	\$55,000	\$55,000	25.52
\$32,000	\$32,000	\$32,000	14.85	\$56,000	\$56,000	\$56,000	25.98
\$33,000	\$33,000	\$33,000	15.31	\$57,000	\$57,000	\$57,000	26.45
\$34,000	\$34,000	\$34,000	15.78	\$58,000	\$58,000	\$58,000	26.91
\$35,000	\$35,000	\$35,000	16.24	\$59,000	\$59,000	\$59,000	27.38
\$36,000	\$36,000	\$36,000	16.70	\$60,000	\$60,000	\$60,000	27.84

Life Insurance Rate Schedule-Monthly

Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$61,000	\$61,000	\$61,000	28.30
\$62,000	\$62,000	\$62,000	28.77
\$63,000	\$63,000	\$63,000	29.23
\$64,000	\$64,000	\$64,000	29.70
\$65,000	\$65,000	\$65,000	30.16
\$66,000	\$66,000	\$66,000	30.62
\$67,000	\$67,000	\$67,000	31.09
\$68,000	\$68,000	\$68,000	31.55
\$69,000	\$69,000	\$69,000	32.02
\$70,000	\$70,000	\$70,000	32.48
\$71,000	\$71,000	\$71,000	32.94
\$72,000	\$72,000	\$72,000	33.41
\$73,000	\$73,000	\$73,000	33.87
\$74,000	\$74,000	\$74,000	34.34
\$75,000	\$75,000	\$75,000	34.80
\$76,000	\$76,000	\$76,000	35.26
\$77,000	\$77,000	\$77,000	35.73
\$78,000	\$78,000	\$78,000	36.19
\$79,000	\$79,000	\$79,000	36.66
\$80,000	\$80,000	\$80,000	37.12
\$81,000	\$81,000	\$81,000	37.58
\$82,000	\$82,000	\$82,000	38.05
\$83,000	\$83,000	\$83,000	38.51
\$84,000	\$84,000	\$84,000	38.98
\$85,000	\$85,000	\$85,000	39.44
\$86,000	\$86,000	\$86,000	39.90
\$87,000	\$87,000	\$87,000	40.37
\$88,000	\$88,000	\$88,000	40.83
\$89,000	\$89,000	\$89,000	41.30
\$90,000	\$90,000	\$90,000	41.76
\$91,000	\$91,000	\$91,000	42.22
\$92,000	\$92,000	\$92,000	42.69
\$93,000	\$93,000	\$93,000	43.15
\$94,000	\$94,000	\$94,000	43.62
\$95,000	\$95,000	\$95,000	44.08
\$96,000	\$96,000	\$96,000	44.54
\$97,000	\$97,000	\$97,000	45.01
\$98,000	\$98,000	\$98,000	45.47
\$99,000	\$99,000	\$99,000	45.94
\$100,000	\$100,000	\$100,000	46.40
\$101,000	\$101,000	\$101,000	46.86
\$102,000	\$102,000	\$102,000	47.33
\$103,000	\$103,000	\$103,000	47.79
\$104,000	\$104,000	\$104,000	48.26
\$105,000	\$105,000	\$105,000	48.72
\$106,000	\$106,000	\$106,000	49.18

Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$107,000	\$107,000	\$107,000	49.65
\$108,000	\$108,000	\$108,000	50.11
\$109,000	\$109,000	\$109,000	50.58
\$110,000	\$110,000	\$110,000	51.04
\$111,000	\$111,000	\$111,000	51.50
\$112,000	\$112,000	\$112,000	51.97
\$113,000	\$113,000	\$113,000	52.43
\$114,000	\$114,000	\$114,000	52.90
\$115,000	\$115,000	\$115,000	53.36
\$116,000	\$116,000	\$116,000	53.82
\$117,000	\$117,000	\$117,000	54.29
\$118,000	\$118,000	\$118,000	54.75
\$119,000	\$119,000	\$119,000	55.22
\$120,000	\$120,000	\$120,000	55.68
\$121,000	\$121,000	\$121,000	56.14
\$122,000	\$122,000	\$122,000	56.61
\$123,000	\$123,000	\$123,000	57.07
\$124,000	\$124,000	\$124,000	57.54
\$125,000	\$125,000	\$125,000	58.00
\$126,000	\$126,000	\$126,000	58.46
\$127,000	\$127,000	\$127,000	58.93
\$128,000	\$128,000	\$128,000	59.39
\$129,000	\$129,000	\$129,000	59.86
\$130,000	\$130,000	\$130,000	60.32
\$131,000	\$131,000	\$131,000	60.78
\$132,000	\$132,000	\$132,000	61.25
\$133,000	\$133,000	\$133,000	61.71
\$134,000	\$134,000	\$134,000	62.18
\$135,000	\$135,000	\$135,000	62.64
\$136,000	\$136,000	\$136,000	63.10
\$137,000	\$137,000	\$137,000	63.57
\$138,000	\$138,000	\$138,000	64.03
\$139,000	\$139,000	\$139,000	64.50
\$140,000	\$140,000	\$140,000	64.96
\$141,000	\$141,000	\$141,000	65.42
\$142,000	\$142,000	\$142,000	65.89
\$143,000	\$143,000	\$143,000	66.35
\$144,000	\$144,000	\$144,000	66.82
\$145,000	\$145,000	\$145,000	67.28
\$146,000	\$146,000	\$146,000	67.74
\$147,000	\$147,000	\$147,000	68.21
\$148,000	\$148,000	\$148,000	68.67
\$149,000	\$149,000	\$149,000	69.14
\$150,000	\$150,000	\$150,000	69.60
\$151,000	\$151,000	\$151,000	70.06
\$152,000	\$152,000	\$152,000	70.53

Life Insurance Rate Schedule-Monthly

Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$153,000	\$153,000	\$153,000	70.99
\$154,000	\$154,000	\$154,000	71.46
\$155,000	\$155,000	\$155,000	71.92
\$156,000	\$156,000	\$156,000	72.38
\$157,000	\$157,000	\$157,000	72.85
\$158,000	\$158,000	\$158,000	73.31
\$159,000	\$159,000	\$159,000	73.78
\$160,000	\$160,000	\$160,000	74.24
\$161,000	\$161,000	\$161,000	74.70
\$162,000	\$162,000	\$162,000	75.17
\$163,000	\$163,000	\$163,000	75.63
\$164,000	\$164,000	\$164,000	76.10
\$165,000	\$165,000	\$165,000	76.56
\$166,000	\$166,000	\$166,000	77.02
\$167,000	\$167,000	\$167,000	77.49
\$168,000	\$168,000	\$168,000	77.95
\$169,000	\$169,000	\$169,000	78.42
\$170,000	\$170,000	\$170,000	78.88
\$171,000	\$171,000	\$171,000	79.34
\$172,000	\$172,000	\$172,000	79.81
\$173,000	\$173,000	\$173,000	80.27
\$174,000	\$174,000	\$174,000	80.74
\$175,000	\$175,000	\$175,000	81.20
\$176,000	\$176,000	\$176,000	81.66
\$177,000	\$177,000	\$177,000	82.13
\$178,000	\$178,000	\$178,000	82.59
\$179,000	\$179,000	\$179,000	83.06
\$180,000	\$180,000	\$180,000	83.52
\$181,000	\$181,000	\$181,000	83.98
\$182,000	\$182,000	\$182,000	84.45
\$183,000	\$183,000	\$183,000	84.91
\$184,000	\$184,000	\$184,000	85.38
\$185,000	\$185,000	\$185,000	85.84
\$186,000	\$186,000	\$186,000	86.30
\$187,000	\$187,000	\$187,000	86.77
\$188,000	\$188,000	\$188,000	87.23
\$189,000	\$189,000	\$189,000	87.70
\$190,000	\$190,000	\$190,000	88.16
\$191,000	\$191,000	\$191,000	88.62
\$192,000	\$192,000	\$192,000	89.09
\$193,000	\$193,000	\$193,000	89.55
\$194,000	\$194,000	\$194,000	90.02
\$195,000	\$195,000	\$195,000	90.48
\$196,000	\$196,000	\$196,000	90.94
\$197,000	\$197,000	\$197,000	91.41
\$198,000	\$198,000	\$198,000	91.87

Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$199,000	\$199,000	\$199,000	92.34
\$200,000	\$200,000	\$200,000	92.80
\$201,000	\$201,000	\$201,000	93.26
\$202,000	\$202,000	\$202,000	93.73
\$203,000	\$203,000	\$203,000	94.19
\$204,000	\$204,000	\$204,000	94.66
\$205,000	\$205,000	\$205,000	95.12
\$206,000	\$206,000	\$206,000	95.58
\$207,000	\$207,000	\$207,000	96.05
\$208,000	\$208,000	\$208,000	96.51
\$209,000	\$209,000	\$209,000	96.98
\$210,000	\$210,000	\$210,000	97.44
\$211,000	\$211,000	\$211,000	97.90
\$212,000	\$212,000	\$212,000	98.37
\$213,000	\$213,000	\$213,000	98.83
\$214,000	\$214,000	\$214,000	99.30
\$215,000	\$215,000	\$215,000	99.76
\$216,000	\$216,000	\$216,000	100.22
\$217,000	\$217,000	\$217,000	100.69
\$218,000	\$218,000	\$218,000	101.15
\$219,000	\$219,000	\$219,000	101.62
\$220,000	\$220,000	\$220,000	102.08
\$221,000	\$221,000	\$221,000	102.54
\$222,000	\$222,000	\$222,000	103.01
\$223,000	\$223,000	\$223,000	103.47
\$224,000	\$224,000	\$224,000	103.94
\$225,000	\$225,000	\$225,000	104.40
\$226,000	\$226,000	\$226,000	104.86
\$227,000	\$227,000	\$227,000	105.33
\$228,000	\$228,000	\$228,000	105.79
\$229,000	\$229,000	\$229,000	106.26
\$230,000	\$230,000	\$230,000	106.72
\$231,000	\$231,000	\$231,000	107.18
\$232,000	\$232,000	\$232,000	107.65
\$233,000	\$233,000	\$233,000	108.11
\$234,000	\$234,000	\$234,000	108.58
\$235,000	\$235,000	\$235,000	109.04
\$236,000	\$236,000	\$236,000	109.50
\$237,000	\$237,000	\$237,000	109.97
\$238,000	\$238,000	\$238,000	110.43
\$239,000	\$239,000	\$239,000	110.90
\$240,000	\$240,000	\$240,000	111.36
\$241,000	\$241,000	\$241,000	111.82
\$242,000	\$242,000	\$242,000	112.29
\$243,000	\$243,000	\$243,000	112.75
\$244,000	\$244,000	\$244,000	113.22

Life Insurance Rate Schedule-Monthly

Annual Salary	Life Benefit	AD&D Benefit	You Pay
\$245,000	\$245,000	\$245,000	113.68
\$246,000	\$246,000	\$246,000	114.14
\$247,000	\$247,000	\$247,000	114.61
\$248,000	\$248,000	\$248,000	115.07
\$249,000	\$249,000	\$249,000	115.54
\$250,000	\$250,000	\$250,000	116.00
\$251,000	\$251,000	\$251,000	116.46
\$252,000	\$252,000	\$252,000	116.93
\$253,000	\$253,000	\$253,000	117.39
\$254,000	\$254,000	\$254,000	117.86
\$255,000	\$255,000	\$255,000	118.32
\$256,000	\$256,000	\$256,000	118.78
\$257,000	\$257,000	\$257,000	119.25
\$258,000	\$258,000	\$258,000	119.71
\$259,000	\$259,000	\$259,000	120.18

*Annual Salary rounded up to the next \$1,000
*Rate per 1000 equals .464

Retirees: 2016–2017

Cost Of City Of Atlanta Health Coverage

Retiree rates are calculated accordingly:

- If a retiree was hired prior to April 1, 1986, that retiree should pay the premium listed in the 30% column.
- Anyone hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010, should pay the premium listed in 40% column.
- Anyone hired on or after April 1, 1986, but retired September 2010 forward should pay the premium listed in the 50% column.

You and the City of Atlanta share the cost of your health insurance coverage. The cost of coverage varies from year to year. Your costs for health coverage for 2016 – 2017, effective September 1, 2016, are shown in the following tables.

Medical Plans

Blue Cross Blue Shield POS						
Monthly Rates – Without Medicare	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Retiree + Child(ren)	\$309.41	\$721.96	\$412.55	\$618.82	515.68	515.68
Retiree + Spouse/Domestic Partner	\$442.15	\$1,031.70	\$589.54	\$884.31	736.93	736.93
Retiree + Family	\$583.82	\$1,362.26	\$778.43	\$1,167.65	973.04	973.04
Beneficiary Child(ren)	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Widow(er) Only	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Widow(er)/bene child(ren)	\$309.41	\$721.96	\$412.55	\$618.82	515.68	515.68

United Healthcare Medicare Advantage (with Medicare) ¹						
Monthly Rates ²	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$78.17	\$182.39	\$104.22	\$156.34	\$130.28	\$130.28
Retiree + Child(ren) - Medicare	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81
Retiree + Spouse/Domestic Partner (1 Medicare)	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81
Retiree + Spouse/Domestic Partner (2 Medicare)	\$156.34	\$364.78	\$208.45	\$312.67	\$260.56	\$260.56
Retiree + Family (1 Medicare)	\$356.37	\$831.54	\$475.16	\$712.75	\$593.95	\$593.95
Retiree + Family (2 Medicare)	\$314.76	\$734.44	\$419.68	\$629.52	\$524.60	\$524.60
Widow(er) Only - Medicare	\$78.17	\$182.39	\$104.22	\$156.34	\$130.28	\$130.28
Widow(er)/bene child(ren) - Medicare	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81

¹ Medicare Part A and Part B required.

² Non-Medicare dependents will be enrolled in BCBS POS.

Kaiser Permanente HMO (without Medicare)						
Monthly Rates – Without Medicare	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Retiree + Child(ren)	\$272.18	\$635.09	\$362.91	\$544.36	\$453.64	\$453.64
Retiree + Spouse/Domestic Partner	\$388.84	\$907.29	\$518.45	\$777.68	\$648.07	\$648.07
Retiree + Family	\$513.27	\$1,197.64	\$684.37	\$1,026.54	\$855.45	\$855.45
Beneficiary Child(ren)	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Widow(er) Only	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Widow(er)/bene child(ren)	\$272.18	\$635.09	\$362.91	\$544.36	\$453.64	\$453.64

Kaiser Permanente Senior Advantage (with Medicare) ³						
Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Retiree + Child(ren) - Medicare	\$286.44	\$668.35	\$374.46	\$561.69	\$477.40	\$477.40
Retiree + Spouse/Domestic Partner (1 Medicare)	\$224.91	\$524.80	\$294.04	\$441.06	\$374.86	\$374.86
Retiree + Spouse/Domestic Partner (2 Medicare)	\$137.33	\$320.44	\$179.55	\$269.33	\$228.89	\$228.89
Retiree + Family (1 Medicare)	\$404.60	\$944.06	\$528.92	\$793.38	\$674.33	\$674.33
Retiree + Family (2 Medicare)	\$295.73	\$690.03	\$386.60	\$579.90	\$492.88	\$492.88
Beneficiary Child(ren) - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Widow(er) Only - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Widow(er)/bene child(ren) - Medicare	\$286.44	\$668.35	\$374.47	\$561.69	\$477.40	\$477.40

³ Medicare Part A and Part B members must enroll in Kaiser Senior Advantage.

Aetna Medicare Plan POS (Medicare Parts A & B) ⁴						
Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30
Retiree + Spouse/Domestic Partner (2 Medicare)	\$139.55	\$325.63	\$186.07	\$279.11	\$232.59	\$232.59
Widow(er) Only - Medicare	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30

⁴ Medicare Part A and Part B required.

Aetna Medicare Plan POS (Medicare Part B) ⁵						
Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only-Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67
Retiree +Spouse/Domestic Partner (2 Medicare)	\$254.94	\$1,019.74	\$509.87	\$764.81	\$637.34	\$637.34
Widow(er) Only - Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67

⁵ Medicare Part B required.

Dental Plans

BCBS Dental – High Option						
Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Retiree + Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Retiree + Spouse	\$16.04	\$37.42	\$21.38	\$32.08	\$26.73	\$26.73
Retiree + Family	\$26.31	\$61.37	\$35.07	\$52.61	\$43.84	\$43.84
Beneficiary Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Widow(er) Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Widow(er)/bene child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71

BCBS Dental – Low Option						
Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Retiree + Child(ren)	\$14.13	\$32.96	\$18.83	\$28.26	\$23.54	\$23.55
Retiree + Spouse	\$14.86	\$34.67	\$19.81	\$29.72	\$24.76	\$24.77
Retiree + Family	\$22.44	\$52.35	\$29.92	\$44.87	\$37.39	\$37.40
Beneficiary Child(ren)	\$14.13	\$32.96	\$18.84	\$28.25	\$23.54	\$23.55
Widow(er) Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Widow(er)/bene child(ren)	\$14.13	\$32.96	\$18.84	\$28.26	\$23.54	\$23.55

Delta Dental DHMO						
	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
Monthly Rates	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Retiree + Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Retiree + Spouse	\$5.73	\$13.38	\$7.64	\$11.47	\$9.55	\$9.55
Retiree + Family	\$8.82	\$20.59	\$11.76	\$17.65	\$14.70	\$14.71
Beneficiary Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Widow(er) Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Widow(er)/bene child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80

Vision Plan

United Healthcare – Vision		
Monthly Rates	Retiree Cost	City Cost
Retiree Only	\$3.69	\$0
Retiree + Child(ren)	\$8.10	\$0
Retiree + Spouse	\$7.72	\$0
Retiree + Family	\$10.43	\$0
Beneficiary Child(ren)	\$4.42	\$0
Widow(er) Only	\$3.69	\$0
Widow(er)/bene child(ren)	\$8.10	\$0

Life Insurance

Minnesota Life Insurance	
Monthly Rates	Retiree Cost
Basic Life – Retirees (\$10,000)	\$9.30
Grandfathered Retiree Life (\$10,000)	\$9.30
Dependent Life (Spouse)*	\$4.00
Dependent Life (Child)*	\$1.19
Surviving Spouse*	\$20.00
Additional Life (Retiree Only)** - \$5,000	Minnesota Life Rate
Additional Life (Retiree Only)** - \$10,000	Minnesota Life Rate

* \$5,000 maximum coverage

** Additional Life Insurance (Retiree Only) - \$20,000 maximum coverage.